

90
8
59
460
110

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	10
2		1					52	10
3		1					53	1
4		1					54	1
5		1					55	1
6		1					56	1
7		1					57	1
8		1					58	1
9		1					59	1
10		1					60	1
11		1					61	1
12		1					62	1
13		1					63	1
14		1					64	1
15		1					65	1
16		1					66	1
17		1					67	1
18		1					68	1
19		1					69	1
20		1					70	1
21		7					71	1
22		7					72	1
23		7					73	1
24	1						74	1
25		1					75	5
26		1					76	7
27		1					77	7
28		1					78	7
29		1					79	7
30		1					80	29
31		1					81	29
32		1					82	29
33		2					83	29
34		2					84	29
35		2					85	29
36		2					86	29
37		1					87	3
38		10					88	1
39		10					89	1
40		1					90	1
41		1					91	1
42		1					92	1
43		1					93	1
44		1					94	1
45		1					95	1
46		1					96	1
47		1					97	1
48		1					98	1
49		10					99	1
50		10					100	1
TOTAL IND.	10						TOTAL IND.	
TOTAL DEP.	331						TOTAL DEP.	
TOTAL CLAIMS	341						TOTAL CLAIMS	